



BASIC INFORMATION

DESCRIPTION

Severe, painful cramps during menstruation. Primary dysmenorrhea means pain has recurred regularly and began within a year or two of the first period (puberty). Secondary dysmenorrhea means pain began years after periods started. Women with dysmenorrhea are generally fertile. The severity of symptoms varies greatly from woman to woman and from one time to the next in the same woman. Dysmenorrhea usually is less severe after a woman has a baby.

FREQUENT SIGNS AND SYMPTOMS

- Cramping and sometimes sharp pains in the lower abdomen, lower back and thighs. The pain starts at onset of menses and lasts for hours to days.
- Nausea and vomiting (sometimes).
- Diarrhea (occasionally).
- Sweating.
- Lack of energy.
- Urinary frequency.
- Irritability, nervousness, depression.

CAUSES

- Strong or prolonged contractions of the muscular wall of the uterus. These may be caused by concentration of prostaglandins (hormones found in the cervix or uterus). Research shows that women with dysmenorrhea produce and excrete more prostaglandins than those who don't have as much discomfort.
- Dilation (stretching) of the cervix to allow passage of blood clots from the uterus to the vagina.
- Other causes include:
 - Pelvic infections.
 - Endometriosis, especially if dysmenorrhea begins after the age of 20.
 - Fibroids or other benign tumors of the uterus.
 - Use of intrauterine device (IUD).

RISK INCREASES WITH

- Use of caffeine.
- Stress. The degree of dysmenorrhea may vary according to general health or mental state. While emotional or psychological factors don't cause pain, they can worsen pain or cause some women to be less responsive to treatment.
- Family history of dysmenorrhea.
- Lack of exercise.
- Poor diet.

PREVENTIVE MEASURES

- Take female hormones that prevent ovulation, such as oral contraceptives.
- Treatment of the underlying cause.

EXPECTED OUTCOMES

- Symptoms can be controlled with treatment.
- Symptoms improve with age and with childbirth.

POSSIBLE COMPLICATIONS

Severe pain that regularly interferes with normal activity.



TREATMENT

GENERAL MEASURES

- Pelvic exam and a patient history may help suggest the cause of dysmenorrhea.
- Initial treatment aims are to relieve pain. Long-term goals of treatment involve treating any underlying cause with medication, counseling or possibly surgery.
- Heat helps relieve pain. Use a heating pad or hot-water bottle on the abdomen or back or take hot baths. Sit in a tub of hot water for 10 to 15 minutes as often as necessary.
- Transcutaneous electrical nerve stimulator (TENS) treatment may help relieve pain.
- Psychotherapy or counseling, if dysmenorrhea is stress-related.
- Hypnosis therapy may help.
- Treatment for the cause for secondary dysmenorrhea.

MEDICATIONS

- For minor discomfort, use nonsteroidal anti-inflammatory drugs (NSAIDs) such as aspirin, ibuprofen or naproxen.
- Other medications that may be prescribed are antiprostaglandins (for painful menstrual periods) and oral contraceptives, which prohibit ovulation.
- In severe cases, hormones (e.g., gonadotropin-releasing hormone [Gn-RH]) can stop ovary function and relieve pain.

ACTIVITY

- No restrictions. When resting in bed, elevate your feet or bend your knees and lie on your side.
- Regular, vigorous exercise reduces discomfort of future periods.

DIET

- Reduce or discontinue consumption of any caffeine-containing beverages or foods.
- You may be prescribed vitamin-B supplements. These help relieve symptoms in some persons.
- Herbal teas may help reduce symptoms of dysmenorrhea for some women.



NOTIFY OUR OFFICE IF

- You or a family member has symptoms of dysmenorrhea that cannot be controlled.
- Bleeding becomes excessive (you saturate a pad or tampon more frequently than once each hour).
- Signs of infection develop, such as fever, a general ill feeling, headache, dizziness or muscle aches.
- New, unexplained symptoms develop. Drugs used in treatment may produce side effects.